

**CALCIUM CHANNEL BLOCKERS – NONDIHYDROPYRIDINES
PA SUMMARY**

PREFERRED	All generic products, Cardizem LA, Cartia XT, Diltia XT, Diltiazem (ER, HCL, XR, injectable), Taztia XT, Verapamil HCL
NON-PREFERRED	All brands with generics available, Calan, Calan SR, Cardizem (CD, SR, injectable), Covera HS, Dilacor XR, Isonitin SR, Tiazac, Verelan, Verelan PM

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

- ❖ Physician should submit documentation of allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to at least two preferred products.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.ghp.georgia.gov, select the Provider Information tab, click on “view full text” in the Pharmacy Services box, click on “Prior Approval Process” in the list on the left.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.ghp.georgia.gov, select Provider Information, click on “view full list” in the Medicaid Provider Manuals box then select Pharmacy Services from the list shown.